



Welcome! We look forward to caring for you...

Name: _____ Date of birth: _____

If client is a minor, please provide parent or guardian's name: _____

Gender Identity: _____ Your Occupation: _____

Address: _____
Street City State Zip Code

Home Phone #: _____ May we leave you a message on this phone? ☐ Yes ☐ No

Mobile #: _____ May we text you a reminder 4 days before your appointment? ☐ Yes ☐ No

Do you prefer a phone call reminder? If so, which phone? _____

Email Address: _____

Would you like to receive 1-2 emails per month with special offers or information from us? ☐ Yes ☐ No

Emergency Contact: _____ Contact's Phone #: _____

Primary Medical Care Provider/ Doctor: _____

How did you find out about us? Please let us know all the ways:

☐ Referred by a friend/ family member (name): _____

☐ Albemarle Dermatology (upstairs) ☐ Other medical office/ doctor (name): _____

☐ Internet/ Google Search ☐ Facebook ☐ Instagram

☐ Signature Med Spa Website ☐ Body by Signature Website ☐ Signature Men's Website

☐ Coolsculpting Website ☐ Seminar / Spa Event ☐ Received a Spa Gift Card

☐ Physician Locator vendor site ☐ Charity/ Donation/ School Event ☐ Saw the Building

☐ The Scout Guide ☐ C-Ville Weekly Online ☐ C-Ville Weekly Print

We accept cash, credit cards, Care Credit, Alle coupons, Aspire Rewards, Xperience Rewards, our gift cards, and Spa Dollars that have not expired. Some treatments require a \$75 or \$400 deposit. I understand that I am financially responsible for all charges on the day of service.

Signature: _____ Date: _____



Skin Allergies, History, and Treatments

Name: _____ Date: _____ Age: _____

ALLERGIES: _____

SKIN CONDITION:

☐ Normal ☐ Dry ☐ Oily ☐ Combination ☐ Sensitive

MY AREAS OF INTEREST OR CONCERN:

- | | | |
|---|--|---|
| <input type="radio"/> Acne | <input type="radio"/> Acne Scarring | <input type="radio"/> Facial Hair |
| <input type="radio"/> Aging Facial Skin | <input type="radio"/> Sun Damaged Skin | <input type="radio"/> Body Hair |
| <input type="radio"/> Aging Hands | <input type="radio"/> Deep Wrinkles | <input type="radio"/> Skin Texture/ Tone |
| <input type="radio"/> Fine Lines/ Wrinkles | <input type="radio"/> Enlarged Pores | <input type="radio"/> Fat on the Body |
| <input type="radio"/> Pigmentation / Spots | <input type="radio"/> Facial Veins | <input type="radio"/> Sagging Earlobes |
| <input type="radio"/> Skin Tightening of Face | <input type="radio"/> Thinning Hair | <input type="radio"/> Skin Tightening of Body |
| <input type="radio"/> Pre-juvenation/Prevention | <input type="radio"/> Leg Veins | <input type="radio"/> Other: _____ |

SKIN HISTORY

- | | |
|--------------------------------------|--|
| <input type="radio"/> Rosacea | <input type="radio"/> Eczema |
| <input type="radio"/> Psoriasis | <input type="radio"/> Accutane Use - Dates Used: _____ |
| <input type="radio"/> Fever Blisters | <input type="radio"/> Skin Cancer - Date: _____ |

HOW OFTEN DO YOU VISIT A COSMETIC DERMATOLOGY PRACTICE OR SPA FOR TREATMENTS?

- | | | |
|---|--|------------------------------------|
| <input type="radio"/> This is my first time | <input type="radio"/> Once a week | <input type="radio"/> Once a month |
| <input type="radio"/> Every other month | <input type="radio"/> Once or twice a year | <input type="radio"/> Other: _____ |

SUNSCREEN USAGE: ☐ Daily ☐ SPF in Makeup ☐ Outdoor Use ☐ Rarely ☐ Never

Please list the medications, medicated creams and herbal supplements that you use:



Financial and Tipping Policies

Cancellations and Rescheduling

Please provide the following notice to our office, by phone or email, for cancellations or rescheduling:

- Give at least two business days' notice for any changes to your appointment to avoid a fee.
- Give at least four business days' notice to cancel or reschedule without a fee for the following longer appointments: Coolsculpting, Fraxel, InstaLift, miraDry, Sculptra, and Ultherapy.
- Cancellations or rescheduling made with less than two business days' notice for general appointments will result in a fee equal to 100% of the scheduled service cost, or \$75 per appointment, whichever is less.
- Cancellations made with less than four business days' notice for the longer appointments mentioned above will result in the forfeiture of the applicable deposit (\$75 or \$400, outlined below).
- Missing your scheduled appointment without sufficient notice ("no-show") or repeated instances of late cancellations or rescheduling will necessitate a **non-refundable deposit** for all future service bookings.

New Clients

- Welcome! We kindly ask that you **arrive 10 minutes before your first appointment**. This allows ample time for you to complete our initial paperwork, which can also be found on our website.
- To secure your initial appointment, we will request a **credit card at the time of scheduling**. Your card will only be charged if we receive less than **48 business hours' notice** for any changes or cancellation of your appointment.

Deposit Requirements for Selected, Longer Procedures

- **\$75 Deposit:** Morpheus8 and Consultation with treatment planned on the same day (e.g., IPL+)
- **\$400 Deposit:** CoolSculpting, Fraxel, InstaLift, miraDry, Sculptra, and Ultherapy

Expiration of Pre-payments, Gift Cards, Deposits, and Credits

- Pre-payments, deposits, and other credits (excluding gift cards) held on client accounts have a **one-year expiration date**.
- We encourage you to utilize your balances or request a refund within this timeframe. After one year, any remaining deposit, credit, or pre-payment will be forfeited.
- Gift cards are non-refundable and are valid for five years from the date of purchase.

Product Return Policy

We want you to be completely satisfied with your product purchases. Returns are accepted under the following conditions:

- Products must be returned within 30 days of the original purchase date.
- To be eligible for a refund, products must be unopened or faulty.
- If a product has been opened and used, a return may be considered for a minimally used product that has caused irritation. If you experience sensitivity or irritation, we recommend trying the product every other day or contacting us to speak with one of our skin experts for guidance.
- Return of products purchased with cash, check, or CareCredit will be issued in-store credit at Signature.

Tipping Policy

Gratuities for exceptional service are entirely at your discretion and never expected. Physicians and nurses are not tipped.

Rewards

Clients earn loyalty reward points on all purchases at the Spa. Points accumulate automatically and never expire. Clients can use points for 10% off a service or up to 100% off the cost of a product. We also encourage the use of Alle Rewards and more.

Financing

We offer 6 month, no-interest financing through CareCredit. Selected services have a 1-year no-interest option through Cherry.

Thank you for your understanding and cooperation. We appreciate the opportunity to provide you with our services!

Signature of acknowledgement: _____ Date: _____